The purpose of the Quick Reference Guide for VFC and State Enrollment is to provide the Electronic Signature Authority with step-by-step instructions for the enrollment process. If questions or concerns should arise during the enrollment process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).

The Electronic Signature Authority is the facility's medical director or equivalent. In South Carolina, the medical director or equivalent may be:



- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Advanced Practice Registered Nurse (APRN)
- Registered Pharmacist (RPh).

Registered Pharmacist can enroll independently, only if they are a specialty provider for influenza vaccine. Otherwise, Doctor of Medicine (MD) or Doctor of Osteopathy (DO) must co-sign the Vaccines for Children Program Provider Agreement, DHEC 1144.



The Electronic Signature Authority must have a SCI PAS account to proceed. If the Electronic Signature Authority does not have a SCI PAS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCI PAS home page (https://www.scdhec.gov/scipas) and follow the step-by-step instructions to establish a new account.

Logging into SCI PAS

To begin the VFC enrollment process with an existing SCI PAS account, Electronic Signature Authority should go to:

https://www.scdhec.gov/scipas

Electronic Signature Authority should enter Username and Password, Click **LOGIN**.

If Electronic Signature Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

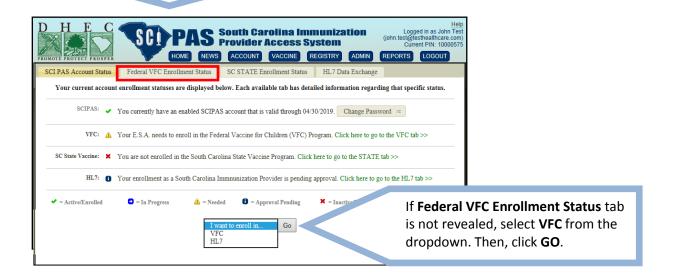


Navigating to Federal VFC Enrollment Status Tab

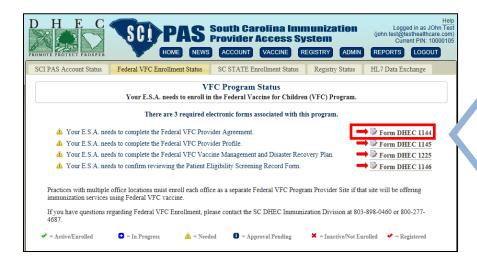
Electronic Signature Authority should navigate to the Federal VFC Enrollment Status Tab. Click on **ACCOUNT** tab.



Click Federal VFC Enrollment Status tab.



Federal VFC Provider Agreement, Form DHEC 1144



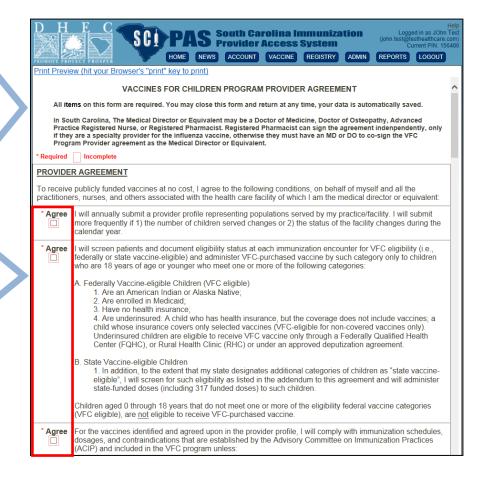
ENROLLMENT STEP 1:

Click on **FORM DHEC 1144** to complete the Federal VFC Provider Agreement. This is a legal document. The Electronic Signature Authority must complete the form.

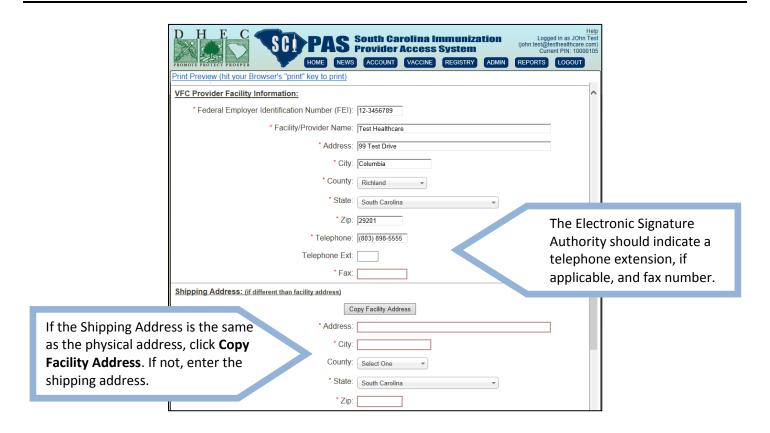
The Electronic Signature Authority must read the Federal VFC Provider Agreement, DHEC 1144.

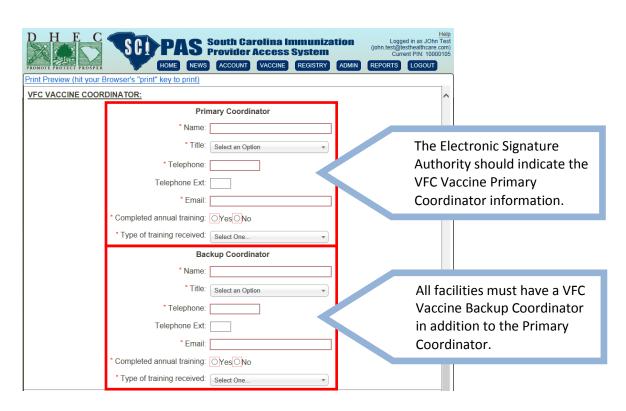
The Electronic Signature Authority must complete all required elements of the Federal VFC Provider Agreement.

The Electronic Signature Authority must indicate agreement by checking each "Agree" box.



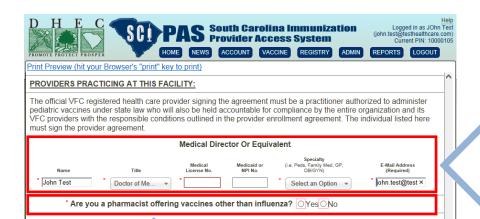








VFC & State Enrollment

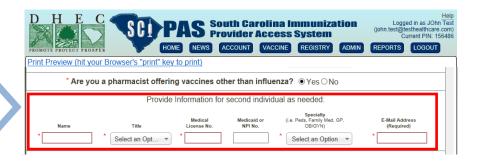


The Electronic Signature Authority (Medical Director or Equivalent) must enter Title, Medical License No., Medicaid or NPI No. (if applicable) and select Specialty.

If the Electronic Signature Authority (Medical Director or Equivalent) is a pharmacist and wants to offer vaccines other than influenza, select YES.

If YES, then a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) must co-sign the Vaccines for Children Program Provider Agreement, DHEC 1144. Complete this section.

If **NO**, continue to section listing all licensed health care providers.





Enter all licensed health care providers including Title, Medical License No., Medicaid or NPI No. (if applicable), Specialty and Email Address.

Use the and buttons to add and delete rows.

D H E	SCI	PAS	South Ca Provider	rolina Immuniz Access System	ation	(john.test@t	Help led in as JOhn Test esthealthcare.com) urrent PIN: 156486
PROMOTE PROTECT I	PROSPER	HOME NEWS	ACCOUNT	VACCINE REGISTRY	ADMIN	REPORTS	LOGOUT
Print Preview (hi	t vour Browser's "print"	key to print)					
Please list belo	w all licensed health ca	are providers (MD, DO, NP, I	PA, pharmacist) at you	r facility wh	o have pre	scribing
authority.							
Name	Title (i.e. MD, DO, APRN, PA)	Medical License No.	Medicaid or NPI No.	Specialty (i.e. Peds, Family Med, GP, OB/GYN)	E-Mail A	Address	
				(i.e. Peds, Family Med, GP,	E-Mail /		-

SCI PAS South Carolina Immunization Provider Access System Logged in as John T (john.test@iesthellibrarc.co. Current PIN: 156	om)
PROMOTE PROTECT PROSPER HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT	
Print Preview (hit your Browser's "print" key to print)	
I understand and agree that submission of my electronic signature authority (ESA's email address) in the South Carolina Immunization Provider Access System (SCI PAS) that I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines For Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.	
* Enter Email Address of the Medical Director or Equivalent:	
*Type Name of Medical Director or Eqivalent who signed this form:	
* Enter Email Address of the Doctor of Medicine or Doctor of Osteopathy:	1
*Type Name of the Doctor of Medicine or Doctor of Osteopathy who signed this form:	
Submit	
The submit button will not be enabled until the entire form is completed. DHEC will not review forms until they have been submitted. Go to first incomplete entry. Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.	
1. Seed to select the large complete date one any one; solved, click boxoo, the to older button.	
DHEC 1144 (Rev. 4/2014) Federal VFC Program Provider Form	~

The Electronic Signature
Authority (Medical Director or
Equivalent) must enter his/her
email address as his/her
electronic signature. The email
must match the email address
associated with account
creation.

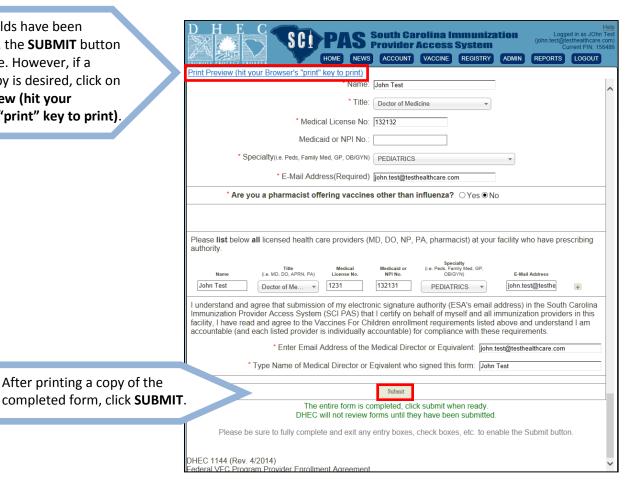
Second signature will be only required if pharmacist is offering vaccines other than influenza. This must be an MD or DO.

All required fields must be completed.

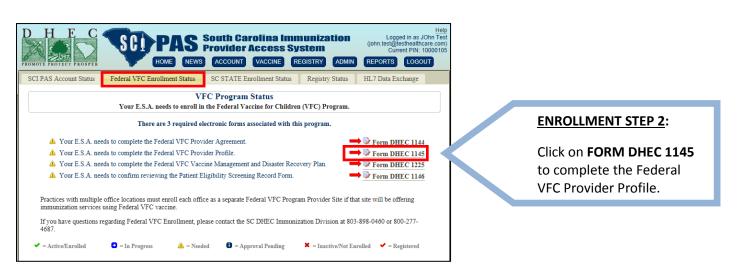
If SUBMIT is inactive, the Electronic Signature Authority will need to review the form for omitted required fields.



Once all fields have been completed, the **SUBMIT** button will activate. However, if a printed copy is desired, click on **Print Preview (hit your** Browser's "print" key to print)

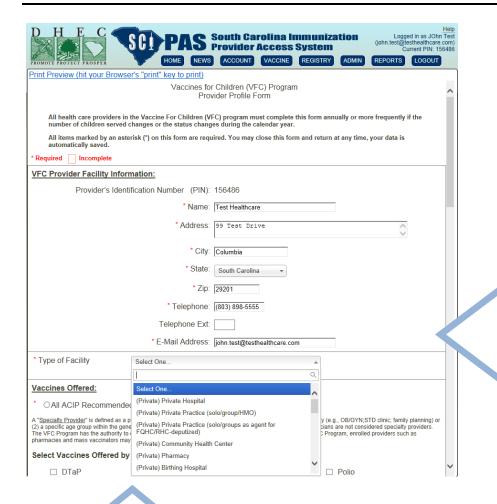


Federal VFC Provider Profile, DHEC 1145





VFC & State Enrollment



Most information is prepopulated. Please complete field as applicable.

Select Type of Facility.

Health departments and pediatricians must select All **ACIP** Recommended Vaccines.

> Specialty providers who serve a defined population due to the practice specialty or a specific age group within the general population of children ages 0-18 may select Offers Select Vaccines and indicate vaccines to be offered.

D. H. E. C. SGI PI	South Carolina Immu Provider Access System News Account VACCINE REGIS	
Print Preview (hit your Browser's "print" key to	o print)	
Vaccines Offered:		^
* ○All ACIP Recommended Vaccine Off	ers Select Vaccines	
A "Specialty Provider" is defined as a provider that only sen (2) a specific age group within the general population of chi The VFC Program has the authority to designate VFC provpharmacies and mass vaccinators may offer only influenza	ldren ages 0-18. Local health departments and pediatr ders as specialty providers. At the discretion of the VF	ricians are not considered specialty providers.
Select Vaccines Offered by Specialty Prov	vider:	
□ DTaP	☐ Influenza	□ Polio
☐ Hepatitis A		☐ Rotavirus
☐ Hepatitis B	□ MMR	□ TD
□ HIB	□ Pneumococcal Conjugate	☐ Tdap
☐ HPV	☐ Pneumococcal Polysaccharide	□ Varicella
Other, specify:		



D	H E C		South Ca Provider			ntion		ogged in as t@testhealth Current PI	ncare.com) N: 156486
$\overline{}$	OTE PROTECT PROSPER	HOME NEWS	ACCOUNT	VACCINE	REGISTRY	ADMIN	REPORT	S LOGO	DUT
Print	Preview (hit your Browser's	s "print" key to print)							
		Use 24- i.e. 9am equ	ivery Days And 1 hour format (Milituals 09:00 or 2pm er 00:00 for no de	ary Time) equals 14:00					^
			Morning		2	Afternoon			
✓	No Delivery on this day	Monday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Tuesday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Wednesday:	* 00:00 t	o * 00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Thursday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Friday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Saturday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
✓	No Delivery on this day	Sunday:	* 00:00 to	00:00	and	* 00:	00 to	* 00:00	
	Special Delivery Instructions								

Enter all days and times vaccine may be received.

Time must be entered in 24 hour format (military time). **Examples:** 1:30 pm is 13:30, 4 pm is 16:00.

No delivery on this day must be unchecked to enter times for morning and afternoon.

Enter 00:00 for no delivery time. Fields may not be blank.

D H E C SC	<i>F</i>	South Carolina Provider Acces		Logged in as JOhn Te (john.test@testhealthcare.cor Current PIN: 15648
Print Preview (hit your Browser's "p	rint" key to print)	ACCOUNT VACCINI	REGISTRY ADMIN	REPORTS LOGOUT
PROVIDER POPULATION:	mit key to printy			
Provider Population based on pativaccinations at your facility, by aggregardless of the number of visits category, and how many received	e group. Only count made. The followin	ta child once based or	the status at the last	immunization visit,
VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	*	*	*	0
No health insurance	*	•	*	0
American Indian/Alaska Native	*	*	*	0
Underinsured in FQHC/RHC or Deputized Facility ¹	*	*	*	0
Total VFC:	0	0	0	0
Non-VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	*	*	*	0
Other Underinsured ^{2(SC State Program, Non-FQHC, and Non-RHC's)}	*	*	*	0
SC State Insured S(Insured hardship and Vaccine Cape)	*	*	*	0
Total Non-VFC:	0	0	0	0
Total Patients (must equal sum of Total VFC + Total Non- VFC)	0	0	0	0
¹ Underinsured includes children with health in that are not covered by insurance. In addition (FQHC) or Rural Health Clinic (RHC) or under the state/local/territorial immunization program	, to receive VFC vaccine, r an approved deputized p	underinsured children must be provider. The deputized provid	e vaccinated through a Federa	ally Qualified Health Center
² Other underinsured are children that are und not a FQHC/RHC or a deputized provider. Ho children. Only providers enrolled in the SC Sta vaccine prior to seeing this patient.	wever, these children may	y be served if vaccines are pro	ovided by the state program to	cover these non-VFC eligible
³ SC State Vaccine Program - Insured Hardsh program. However, these children may be ser Insurance deductible is greater than \$250.00 cannot afford to pay for vaccine) ** Vaccine Ca	rved state vaccine program per child or \$500.00 per f	m vaccine to cover these non- amily (Eligible for state vaccine	VFC eligible children. Insured e only if the deductible has no	Hardship is defined as "Health t been met and the family

Completion of the Provider
Population section is the next
section. Re-enrolling provider's
information must be based on
actual data and not estimations.
New VFC providers must use
benchmarking as the type of data
to determine eligibility.

Benchmarking defined as a point of reference from which measurements may be made. Sources of benchmarking data may come from US Census Bureau or the provider's business plan.

Provider Population for the previous 12 months must be reported for the number of children who receive vaccinations at your facility by age group by eligibility category.

A number must be entered in each field. Enter "0" as appropriate.



VFC & State Enrollment

DHEC S	PAS P	OUTH CAROLINA I ROVIDER ACCESS ACCOUNT VACCINE	System	Logged in as JOhn Test (john.test@testhealthcare.com) Current PIN: 156486
Print Preview (hit your Browser's	"print" key to print)			_1
PROVIDER POPULATION:				^
Provider Population based on population vaccinations at your facility, by a regardless of the number of visicategory, and how many received	age group. Only count a ts made. The following	child <u>once</u> based on t	the status at the last in	nmunization visit,
VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	*	*	*	0
No health insurance	*	*	*	0
American Indian/Alaska Native	*	*	*	0
Underinsured in FQHC/RHC or Deputized Facility ¹	*	*	*	0
Total VFC:	0	0	0	0

Immunization Registry users who manually enter data on administered vaccines and the patient's vaccine eligibility may obtain data for the most recent twelve (12) month period of use via the REPORTS tab.

D H E C	PAS South Carolina Immunization Provider Access System HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN	Logged in as JOhn Test (john.test@testhealthcare.com) Current PIN: 156486
Reports Report Res	suit	
Annual Registry Dat 3 Year Provider Prof	Please select a Report and enter the Date Range below and click the "Run Report" Tail Ta	
	Report Parameters Report Start Date 05/01/2013	
	Report End Date 04/30/2014	
Run Report		

NOTE: The 3 Year Provider Profile Report (DHEC 1145) may also be selected to retrieve the last 3 years of profile data entered by the provider.

Click on the button for **Annual** Registry Data.

The most recent, consecutive 12 month period will automatically populate in the Report Start and Stop Date fields. Click Run Report.

Once report is generated, click on PRINT (open in new window).



Unfortunately, South Carolina Immunization Registry users who submit data via HL7 will not be able to use this report to assist in the completion of the Provider Profile since electronic health records (EHR) document eligibility at the patient level. VFC requires eligibility at the vaccine level.



D H E C SCI P	AS South Carolina Im	Logged in as John Test (john.test@testhealthcare.com) Current PIN: 156486
PROMOTE PROTECT PROSPER	ME NEWS ACCOUNT VACCINE	REGISTRY ADMIN REPORTS LOGOUT
* TYPE OF DATA USED TO DETERMINE	PROVIDER POPULATION (choos	e all that apply):
A. Benchmarking	□ B. Medicaid Claims Data	☐ C. Dose Administered Data
□ D. Provider EncounterData	☐ E. Registry	☐ F. Billing System
G. Other (Specify):		
* Email	address of person completing form	john.test@testhealthcare.com
* Print N	ame of person completing this form	John Test
	Submit	
	e form is completed, click submit who not review forms until they have been	
Please be sure to fully complete a	nd exit any entry boxes, check boxes	s, etc. to enable the Submit button.
DHEC 1145 (Rev. 4/2014) Federal VFC Program Provider B		v

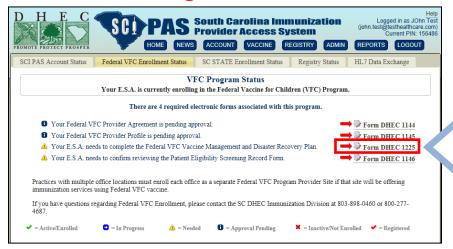
Enter **Type of Data Used to Determine Provider Population**(choose all that apply).

ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message "This submit button will not be enabled until the entire form is completed" will be displayed. The ESA may click on "Go to first incomplete entry" to finish completing the form.

After completing the entire form, the user will see the message "The entire form is completed". The SUBMIT button will activate. However, if a printed copy is desired, click on Print Preview (hit your Browser's "print" key to print). Then, click the Submit button.

Vaccine Management and Disaster Recovery Plan, DHEC 1225



ENROLLMENT STEP 3:

Click on **FORM DHEC 1225** to complete the Vaccine Management and Disaster Recovery Plan.



VFC & State Enrollment Revision Date: 06/06/2014

PROBLEM FRONTER HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT	
Print Preview (hit your Browser's "print" key to print)	
VFC Provider Vaccine Management and Disaster Recovery Plan	
This document provides a template for development of a comprehensive vaccine management plan for protection and maintenance of your practice's vaccine supply. The Vaccine Management and Disaster Recovery Plan consists of two sections: (1) the Routine Storage and Handling Plan, which covers all aspects of routine vaccine management and (2) the Disaster Recovery Plan, which is used in the event of an emergency situation that may affect the storage and potential viability of your vaccines.	
The completed Vaccine Management and Disaster Recovery Plan (VMDR) must be posted on or near the vaccine storage equipment. Ensure that all staff (current and new), including those persons who may be required to transport vaccine in an emergency situation, read the plan and understand it. Also, ensure that janitorial and security staff are aware of the plan and know the procedures to follow for notifying designated personnel about any problems with the vaccine storage equipment.	
One staff member must be designated as the primary vaccine coordinator, providing oversight for all vaccine management within the office. At least one back-up vaccine coordinator should be trained to perform the same responsibilities as the primary vaccine coordinator in the event that the primary person is unavailable.	
The entire plan must be reviewed, updated and signed annually to ensure all information in this plan is up to date and accurate. Review and update the contact lists as needed. Please indicate below the date the entire plan was reviewed and updated as well as the name, title and signature of the reviewer:	
* Required Incomplete	All staff reviewing upon completion
Practice Name: Test Healthcare	of the plan should be listed.
Provider PIN: 156486	
Date Reviewed/Updated Reviewed By Title ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★	Press 💶 to add a reviewer row.
	Press to delete a reviewer row.

DHEC SCIP		System	Logged in as JOhn (john.test@testhealthcare.current PIN: 156 REPORTS LOGOUT	com)
Print Preview (hit your Browser's "print" key	to print)			
	Contact Numbers			^
1. Contact information for Vaccine Coor	dinator:			
	Primary:			
	* Name Mary Test			
	* Title MA			
* \M	ork Phone (803) 216-5879			Comple
	,			for the p
	Phone Ext 15			coordina
* Ho	me Phone (803) 665-4564			33313
	Back-Up:			The see
	* Name Lucy Test			The con
	* Title MA			will auto
* W	ork Phone (803) 333-4545			upon th
Work	Phone Ext 12			practice
* Ho	me Phone (803) 663-5645			
2. Contact Information for Health Depart	** · · ·			-
Resource	Name of Employee	Work Phone	Other	
SC DHEC (Central Office/Columbia):	name of Employee	803-898-0460	800-277-4687	
i i	Ion Diaglace II Di			
SC DHEC (Regional Immunization Program Manager):	Jan Blackwell, RN	803-286-9948	803-320-2467	

Complete the contact information for the primary and back-up vaccine coordinators.

The contact information for DHEC will automatically populate based upon the county in which the practice is located.



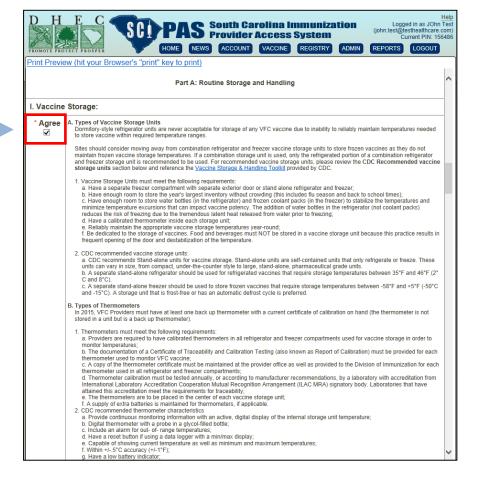
D H E C SCI	PAS South	Carolina Immun er Access Syste	ization m	(john.test@testl	ent PIN: 156486
PROMOTE PROTECT PROSPER	HOME NEWS ACCOU	NT VACCINE REGIST	RY ADMIN	REPORTS	LOGOUT
Print Preview (hit your Browser's "print" I	cey to print)				
3. Points of contact for restoring elec	trical power in the eve	ent of a power failure:			^
Electrical Power Company	Point of Contact	Work Phone	Ext. Eme	er. Phone	Ext.
*		*	*		
Building Maintenance	Point of Contact	Work Phone	Ext. Eme	er. Phone	Ext.
*		*	*		
Designated company responsible to destroyed or you need emergency make the strong control of the strong c		mpressor or other refi	igeration equ	uipment has	been
Name of Repair Company	Point of Contact	Work Phone	Ext. Eme	er. Phone	Ext.
*		*	*		

Continue to complete the sections for:

- Contacts for restoring electrical power in the event of a power failure
- Contacts for refrigeration repair and emergency maintenance.

Note: A second group of entry fields is available if needed but an entry is not required.

Person completing the form must click each **Agree** □.





D H E C SEL PAS	South Carolina Immunization Provider Access System	Logged in as JOhn Test (john.test@testhealthcare.com) Current PIN: 156486
PROMOTE PROTECT PROSPER HOME NEW	ACCOUNT VACCINE REGISTRY ADMIN	REPORTS LOGOUT
Print Preview (hit your Browser's "print" key to print)		
Copies of all certificates of calibration for thermometer VFC Program at SCVFC@dhec.sc.gov or faxed if neces		ded to the Federal
Indicate the following for thermometers at your site:		
Date the thermometer certification expires: Stored In Refrigerator or Freezer?	Date the thermometer was initially placed in the unit: Location/Description/Mar	nufacturer
* Select One ▼	* *	+
* The location that diluent is stored:		

When completing the calibrated thermometer section:

Press to add a row.

Press ___ to delete a row.

Enter the storage location for diluent.

Person completing the form must click each Agree □.

D H PROMOTE PROT	PAS South Carolina Immunization Provider Access System Home News Account Vaccine Registry ADMIN REPORTS LOGOUT W (hit your Browser's "print" key to print)
II. Handlin	g:
* Agree	A. The vaccine in this practice is handled according to the following: 1. Private stock, VPC, and State Vaccine Program vaccines are labeled and stored separately. 2. Vaccines that will expire first are stored in the front of the unit. 3. Vaccines are inventioned monthly. 4. A 6 week supply is maintained. 5. 80 DHEC Division of Immunization will be notified 3 months before a vaccine will expire if vaccine will not be used by the expiration date. Providers should use all vaccine that is ordered for their site before expiration.
III. Orderin	ng and Receiving:
* Agree	A. The vaccine in this practice will be ordered and received according to the following: 1. Inventory will be taken monthly to determine what vaccines are needed in order to maintain a 6 week supply. 2. VFC vaccine will be ordered on the Federal Vaccines For Children (VFC) Order form (DHEC 1117). State vaccine will be ordered on the State Vaccine Program will be completed and faxed to SC DHEC Division of Immunization at 803-888-0318 in order to request vaccine. Providers enrolled in the State Vaccine Program use to what the State Vaccine Program wish to what the VFC Program and the State Vaccine Program with completed inventories for both programs for every vaccine order. 3. If a provider wishes to switch from one brand of vaccine to another (example from Actilhéb to Pedeva Hibb), they must submit the request in writing. A signed statement on the letterhead of the facility indicating which brand of vaccine the site would like to begin ordering should be submitted along with their order with the request of the new brand(s). The site is expected to deplete the old brand of vaccine before using the new brand. 4. Alert reception staff to be ready to receive vaccine shipment on arrival. 5. Arrange for vaccine deliveries to be made only when the primary vaccine coordinator or back up vaccine coordinator is on duly. This can be completed by adjusting the days/times your site receives vaccine shipments. Consider holidays, vacations, staff schedules, and changes in hours of operation when designating vaccine delivery date and time.
	6. All staff members (including non-medical staff, e.g., receptionists and other front desk personnel) who accept vaccine deliveries must be aware of the importance of maintaining the vaccine cold chain and the need to immediately notify the primary vaccine coordinator or back up vaccine coordinator of the arrival of the vaccine shipment so that it can be handled and stored appropriately. 7. Once delivery has arrived, the primary vaccine coordinator, back up vaccine coordinator, or designated backup person will be notified immediately.

D H E C SC! PAS South Ca	rolina lı Access	nmuniza System	tion	(john.test@t	ed in as JOhn esthealthcare.c urrent PIN: 156	com)	
PROMOTE PROTECT PROSPER HOME NEWS ACCOUNT	VACCINE	REGISTRY	ADMIN	REPORTS	LOGOUT		
Print Preview (hit your Browser's "print" key to print)	Print Preview (hit your Browser's "print" key to print)						
II. Content						^	
A. The Disaster Recovery Plan for this practice contains the following:							
* 1. Name of person(s) responsible for preparing and transporting vaccine in the event of an emergency, including contact information:					$\hat{\mathcal{C}}$		
* 2. Location that will receive the vaccine:					\Diamond		
* 3. The receiving location will be notified of transport:					$\hat{\mathcal{Q}}$		
* 4. Sources for packing materials and calibrated thermometers:					$\hat{\lor}$		
* 5. How to pack vaccine for transport:					\Diamond		
*6. How to document the steps taken when vaccine is involved in a power or equipment failure:					\$		

The provider will indicate the Disaster Recovery Plan for the practice. The plan should outline the steps staff should follow in the event of a disaster.

A response of "Yes" or "No" is not an acceptable response.



Print Preview (hit your Browser's "print" key to print) IV. Vaccine Storage Facilities: A. Entering vaccine storage facilities: Describe how to enter the building and vaccine storage spaces in an emergency if practice is	ast m)	
closed or after hours. Include a floor diagram and locations of the following:		
Unit # Location and Description Type (Stand-Alone, Combined) Type (Stand-Alone, Combined) Stand Alone Refrige Maytag No Active * Lab Stand Alone Freezer Maytag Yes Active * Lab Item Location(s)	The provider will indicated all vaccine storage units located in the practice.	S
Doors		
*Flashlights	The provider will respond	
* Spare Batteries	as based on the practice's	
* Light Switches	current floor diagram.	
*Keys		
*Locks	A response of "Yes" or	
*Alarms	"No" is not an acceptable	
* Circuit Breakers	response.	
	·	
* Packing Materials		
* Has your floor diagram at your provider office changed since the previous year's VFC re- ○Yes○No enrollment?		
If you answered yes, then a current floor diagram must be provided to the Federal VFC Program at SCVFC@dhec.sc.gov or faxed if necessary to 803-898-0326.		

D H E C	SCI PAS	outh Caroli ovider Acc	a Immun ess Syste	ization m	(Jonn.test@te	Help ed in as JOhn Test esthealthcare.com) irrent PIN: 156486
PROMOTE PROTECT PROSPER	HOME NEWS	ACCOUNT VAC	REGISTE	RY ADMII	REPORTS	LOGOUT
Before moving your vaccine, call the alternative storage facility location to ensure their back-up generator is operational, if necessary.						
Alternate Facility	Point of Contact	V	ork Phone	Ext. E	mergency Pho	ne Ext.
*	*	*			*	

Enter Alternate Facility information.

Note: Additional entry fields are available if needed but more than one entry is not required.



* Email address of person completing form

* Print Name of person completing this form

The submit button will not be enabled until the entire form is completed.

DHEC will not review forms until they have been submitted.

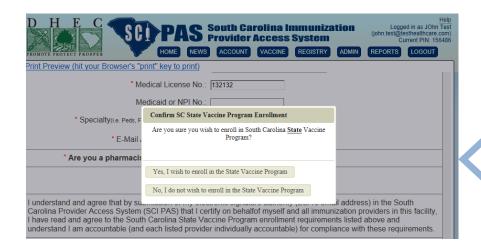
Go to first incomplete entry.

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message "This submit button will not be enabled until the entire form is completed" will be displayed. The ESA may click on "Go to first incomplete entry" to finish completing the form.

After completing the entire form, the user will see the message "The entire form is completed". The SUBMIT button will activate. To print a copy of the DHEC 1225, click on Print Preview (hit your Browser's "print" key to print). Then, click the Submit button. Place the DHEC 1225 near your vaccine storage unit.



Immediately upon completion of the Federal forms, the provider will be prompted to answer if provider desires SC State Vaccine Program Enrollment.

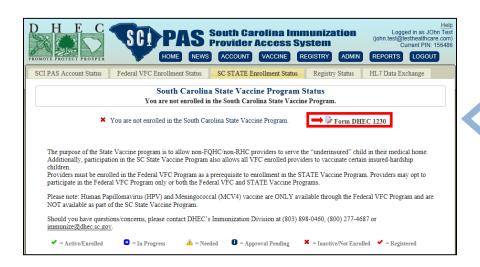


SC State Vaccine Program Provider Agreement, DHEC 1230



Enrollment in the South Carolina State Vaccine Program is optional and in addition to enrollment in the VFC Program. Providers may not enroll solely in the State Vaccine Program. The State Vaccine Program requires documented eligibility screening and vaccine inventory. The vaccine inventory must be ordered prior to seeing this patient population.

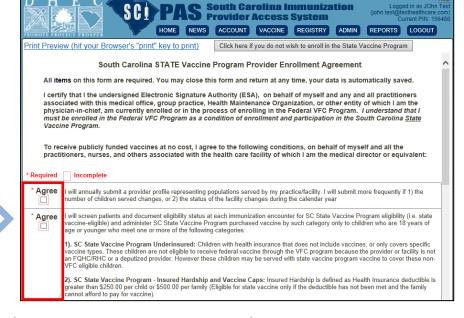
If the user has logged out of SCI PAS, the State Vaccine Program Provider Enrollment Agreement will not automatically display.



ENROLLMENT STEP 4:

Click on **FORM DHEC 1230** to complete the SC State Vaccine Program Provider Agreement.

To enroll in the STATE Vaccine Program, the ESA will need to click each **Agree** \square . The ESA must agree to each element of the agreement before the form can be submitted





VFC & State Enrollment

DHEC SEPPAS	South Carolina Immunization Provider Access System Help Logged in as JOhn Test (john.lest@testhealthcare.com) Current Pik: 156486				
PROMOTE PROTECT PROSPER HOME NEWS	ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT				
Print Preview (hit your Browser's "print" key to print)	Click here if you do not wish to enroll in the State Vaccine Program				
Federal Employer Identification Number (FEI):	12-3456789				
Facility/Provider Name:	Test Healthcare				
*Address:	99 Test Drive				
* City:	Columbia				
* State:	South Carolina 🔻				
* Zip:	29201				
* Telephone:	(803) 898-5555				
*Fax:	(803) 898-5645				
Medical Director Or Equivalent					
* Name:	John Test				
* Title:	Doctor of Medicine ▼				
* Medical License No.:	132132				
Medicaid or NPI No.:					
* Specialty(i.e. Peds, Family Med, GP, OB/GYN)	U.S. AIR FORCE ▼				
* E-Mail Address(Required):	john.test@testhealthcare.com				
* Are you a pharmacist offering vaccine	s other than influenza? ○Yes ●No				

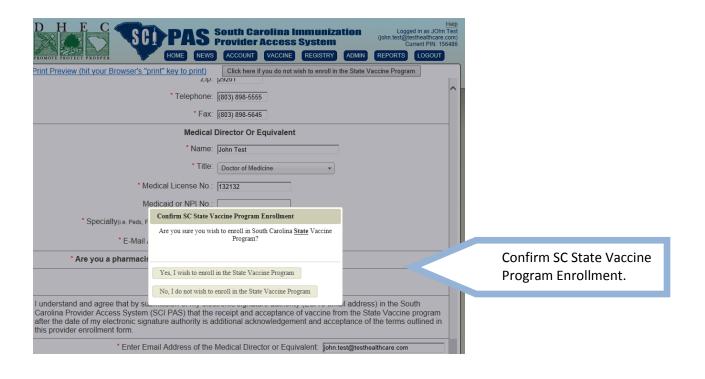
This information will be pre-populated. Provider will need to verify information is correct. Provider should change as necessary.

DHEC SCIPAS South Carolina Immunization Provider Access System Logged in as JOhn To (john test@itesthealtbcare co. Current PIN: 1564	om)				
PROMOTE PROTECT PROSPER HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT					
Print Preview (hit your Browser's "print" key to print) Click here if you do not wish to enroll in the State Vaccine Program					
I understand and agree that by submission of my electronic signature authority (ESA's email address) in the South Carolina Provider Access System (SCI PAS) that I certify on behalfof myself and all immunization providers in this facility, I have read and agree to the South Carolina State Vaccine Program enrollment requirements listed above and understand I am accountable (and each listed provider individually accountable) for compliance with these requirements.					
* Enter Email Address of the Medical Director or Equivalent:					
*Type Name of Medical Director or Eqivalent who signed this form:					
Submit					
The submit button will not be enabled until the entire form is completed. DHEC will not review forms until they have been submitted. Go to first incomplete entry. Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.					
DHEC 1230 (Rev. 4/2014) South Carolina STATE Vaccine Proc	~				

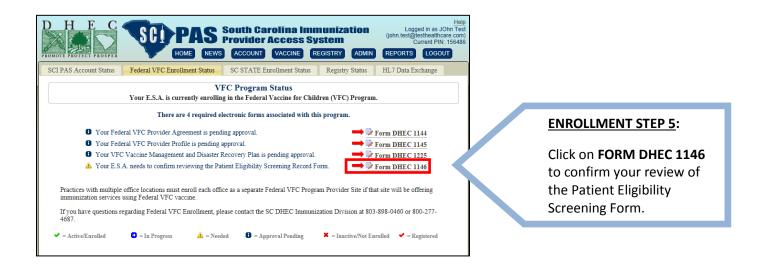
ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message "This submit button will not be enabled until the entire form is completed" will be displayed. The ESA may click on "Go to first **incomplete entry"** to finish completing the form.

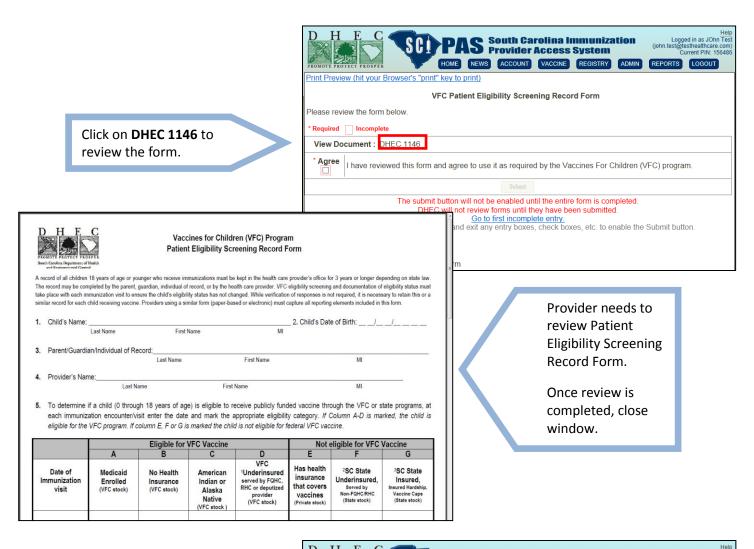
After completing the entire form, the user will see the message "The entire form is completed". The SUBMIT button will activate. However, if a printed copy is desired, click on Print Preview (hit your Browser's "print" key to print). Then, click the Submit button.



Patient Eligibility Screening Record Form, DHEC 1146/1146D











Provider has completed all enrollment forms.
Enrollment is pending approval by DHEC Immunization Division.

Enrollment Status: Providers may monitor the status of the VFC and State enrollments via the Account Tab.

The Icons listed at the bottom of the screen are defined as follows:

- Active/Enrolled: You are enrolled and should have received an email regarding your Re-enrollment status.
- In Progress: A form or forms may need to be fully completed and submitted for review.
- Needed: No forms have been completed.
- Approval Pending: Forms have been submitted and are under review.
- **Inactive/Not Enrolled:** Provider status is inactive and they are not currently enrolled.
- **Registered:** Relates to the South Carolina Immunization Registry (SCI Registry).

Once the VFC enrollment is approved, the ESA will receive email communication from the DHEC Immunization Division regarding vaccine management and VFC program updates.